



Arkansas Department of Human Services

Division of Medical Services

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PROPOSED OFFICIAL NOTICE

DMS-2004-KK-9

DMS-2004-R-12

TO: Health Care Provider – Nurse Practitioner and Physician

DATE:

SUBJECT: Procedure Code J2996 – Alteplase Recombinant

Effective for dates of service on and after May 1, 2003, procedure code **J2996** became non-payable, and it is no longer a covered service. This code is incorrectly listed in your provider manual as a payable procedure code and should be noted as non-payable.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.